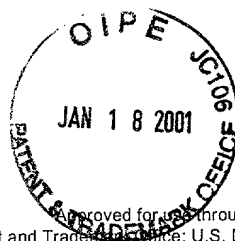


01-22-01



PTO/SB/50 (08/00)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	155634-0012
First Named Inventor	Me Van Le
Original Patent Number	5,867,343
Original Patent Issue Date (Month/Day/Year)	February 2, 1999
Express Mail Label No.	EL692571161US

APPLICATION FOR REISSUE OF:



Utility Patent



Design Patent



Plant Patent

(Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form (PTO/ SBI 56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent
format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of
Attorney (PTO/SB/96)

7. ☐ Statement of status/support for all changes to
the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender
☐ Ribbioned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other:

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Ben J. Yorks				
	IRELL & MANELLA LLP				
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	Suite 400				
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Country	USA	Telephone	949-760-0991	Fax	949-760-5200

NAME (Print/Type)	Ben J. Yorks	Registration No. (Attorney/Agent)	33,609
Signature	<i>Ben Yorks</i>	Date	January 16, 2001

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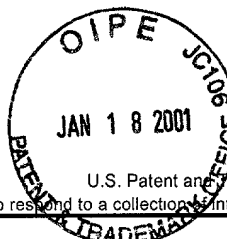
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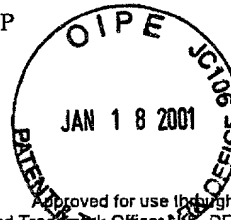
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 155634-0012		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 =	x \$ _____ =		or	x \$ 18 = 252.00	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 9	* 6 =	x \$ _____ =			x \$ 80 = 480.00	
Basic Fee (37 CFR 1.16(h))					\$ 710		\$ 710	
Total Filing Fee					\$	OR	\$ 1442.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ 18 =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 80 =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 09-0946. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 1,442.00 to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
1/10/01 Date				Ben Yorks Signature of Applicant, Attorney or Agent of Record				
				Ben J. Yorks, Reg. No. 33,609 Typed or printed name				

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**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**Docket Number (Optional)
155634-0012

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) Me Van Le and Jong-Ming Lin

Patent Number 5,867,343

Date Patent Issued Feb. 2, 1999

Title of Invention
METHOD AND APPARATUS FOR STORING POSITION OFFSET INFORMATION ON A HARD DRIVE ASSEMBLY CYLINDER

1. ☒ Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. ☐ Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are Samsung Electronics, Ltd.,
and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)
Samsung Electronics, Ltd.

Signature

Date

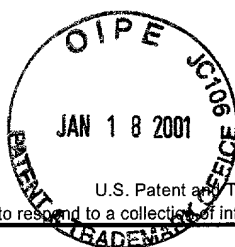
1/9/01

Typed or printed name and title of person signing for assignee (if assigned)

Kee Eok Jang

Chief Financial Officer

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09/765891
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 155634-0012		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 12	Total Claims (37 CFR 1.16(j))	(B) 34	**** 14 =	x \$ _____ =		or	x \$ 18 = 252.00	
(C) 3	Independent claims (37 CFR 1.16(i))	(D) 9	* 6 =	x \$ _____ =			x \$ 80 = 480.00	
Basic Fee (37 CFR 1.16(h))					\$ 710		\$ 710	
Total Filing Fee					\$	OR	\$ 1442.00	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ 18 =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ 80 =		x \$ _____ =	
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>09-0946</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>1,442.00</u> to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
Date <u>1/18/01</u>		Signature of Applicant, Attorney or Agent of Record <u>Ben J. Yorks</u> Ben J. Yorks, Reg. No. 33,609 Typed or printed name						

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